

The "G" Word: Gender and Health Conference
Saturday, September 23rd, 2017



**6th Annual College of Medicine
Global Health Conference – *The "G"*
Word: Gender and Health
Saturday, September 23rd, 2017**

Health Sciences E Wing
University of Saskatchewan
107 Wiggins Road, Saskatoon, Saskatchewan



UNIVERSITY OF SASKATCHEWAN
College of Medicine
DEPARTMENT OF COMMUNITY
HEALTH AND EPIDEMIOLOGY
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11:00am-12pm	Registration	
12:00pm-12:45pm	Poster and expo	Location: Health Science E Wing atrium
1:00pm-1:50pm	Opening remarks Welcome- Co-chairs Emily-Lauren Simms and Rachel Guo Assistant Dean Dr. Patricia Blakley Elder: Leona Tootoosis	Location: Health Science E1130
1:00 pm-1:50pm	Plenary 1 Sara Dungavell Social Theory in Medical Practice	Location: Health Science E1130
1:50pm-2:05pm	Intermission break	
Breakout sessions		
2:05pm-2:30pm	2:30-2:55pm	2:55pm-3:20pm
Mozambique-Canada Maternal Health project: Engaging communities and health workers for sexual, reproductive, maternal and newborn health Location: Health Science E2330 Presenter(s) Presenter(s) Nazeem Muhajarine, Denise Kouri, Don Kossick	The DUDES club: an exclusive look into indigenous men living in downtown east side Vancouver Location: Health Science E2330 Presenter(s) Iloradanon Efimoff	Ramifications of colonial infrastructures on initiatives aimed at alleviating differences in health, economics, and gendered violence and discrimination: A Case Study of Indigenous activist movements in India and Canada Location: Health Science E2330 Presenter(s) Swapna Padmanabha
“Being a Real Woman”: Performances of Femininity in the Imagined Reproductive Futures of Post-Graduate Students Location: Health Science E2332 Presenter(s) Kelsey Marr	Women have the Right to Education, Period: A Reusable Pad Program in Uganda Location: Health Science E2332 Presenter(s) Mandeep Kaler and Hilary Aadland	
Neglected Global Diseases Location: Health Science E2334 Presenter(s) Kishor Wasan	How a Health Care Team in Saskatoon Provides Culturally Competent Care Location: Health Science E2334 Presenter(s) Izn Shahab	Intersectional Feminism and Critical Approaches to Inequality Location: Health Science E2332 Presenter(s) Nikisha Kharé
Innovative Oral Cholera Vaccination strategies in Lake Chilwa , Malawi. Location: Health Science E2352 Presenter(s) Maurice Mwesawina	Snoring and inadequate sleep: re-researching the risk factors of non-communicable disease by gender among Bangladeshi adults Location: Health Science E2352 Presenter(s) Fakir Yunus	Maternal Health and Dilemmas of Difference Location: Health Science E2334 Presenter(s) Pamela Downe
3:25pm-4:00pm	Panel discussion Panel speakers: Sunera Thobani, Sara Dungavell, Pamela Downe, Swapna Padmanabha Moderated by Emily-Lauren Simms	
4:00pm-4:10pm	Intermission Break	
4:10pm-5:00pm	Plenary 2 Sunera Thobani Gender Politics and International Conflict	Location: Health Science E1130

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**Plenary Speaker
Sunera Thobani**



Dr. Sunera Thobani is Associate Professor at the Institute for Gender, Race, Sexuality and Social Justice at the University of British Columbia,. Her research focuses on critical race, postcolonial and feminist theory, globalization, citizenship, migration, Muslim women, the War on Terror, and media. Her book, *Exalted Subjects: Studies in the Making of Race and Nation in Canada*, was published by the University of Toronto Press (2007) and she has also co-edited *Asian Women: Interconnections*(Canadian Scholars’ Press, 2005) and *States of Race: Critical Race Feminist Theory for the 21st Century* (Between the Lines, 2010).

Dr. Thobani served as Director of the Race, Autobiography, Gender and Age (RAGA) Centre at the University of British Columbia (2008-12), where she organized numerous projects on equity, diversity and social justice. She is a founding member of the Researchers and Academics of

Colour for Equity (RACE), a cross-Canada network that promotes the scholarship of academics of colour and of Indigenous Ancestry.

Dr. Thobani was the Ruth Wynn Woodward Endowed Professor in Women’s Studies at Simon Fraser University (1996-2000) and also past President of the National Action Committee on the Status of Women (NAC), Canada’s then largest feminist organization (1993-1996). She has helped organize, and spoken at, numerous international conferences, including the NGO Forum at the United Nations Fourth World Conference on Women in Beijing, China, the First International Women’s Conference on APEC in Manila, Philippines, the first Asian-Pacific Women’s Conference in the US, and the National Association of Black, Asian and Ethnic Minority Councilors and the Black Feminism conference in the UK.

**Plenary Speaker
Dr. Sara Dungavell**



Dr Sara Dungavell MD FRCPC practices psychiatry in a travelling clinic, providing psychiatric care to the communities of La Loche, Stony Rapids and La Ronge, as well as LGBT friendly mental health care at the OutSaskatoon community center and young adult psychiatry at the University of Saskatchewan’s Student Health. She is active in teaching medical students and residents, and is working with the La Ronge Family Medicine program to develop psychiatric teaching for their residents. She completed an HBA at Brescia University College in Community Development and Religious Studies, her medical degree at Western’s Schulich School of Medicine and Dentistry, and her psychiatry residency at the University of Saskatchewan.

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Breakout Session Abstracts

Mozambique-Canada Maternal Health project:

Engaging communities and health workers for sexual, reproductive, maternal and newborn health

Presented by: Nazeem Muhajarine, Denise Kouri, Don Kossick and the MCMH project team

Mozambique has one of the highest maternal mortality rates in the world – 489 deaths per 100,000 live births in 2015; this compared to 7 deaths per 100,000 births in Canada. In April, 2017, we launched a 5-year project in Inhambane province, Mozambique, to improve access to health care services for mothers, reduce maternal deaths and to improve newborn health. Funded by the Canadian Government (Global Affairs Canada), this project takes a strong gender-equality perspective in all its work. Working in five districts and within them in 20 communities, the project aims to support and empower women in their families and communities, increase access to health care services, increase management and leadership capacity in the health care system, provide professional education for practitioners, build infrastructure, and enhance the use of research-based information in decision-making. Building on 15 years of continuous partnership with Mozambican colleagues, the current project partners with the provincial health directorate, Ministry of Health, Mozambique and two health training centres. It also partners with the NGO, Women and Law in Southern Africa (WLSA), to impart a gender-perspective in our work. A sample of few specific outcomes include: creating and sustaining women-led health ‘nucleos’ in the communities, training local nurses, midwives and others, provide specifically-equipped off-road vehicles and ambulances, construct or renovate maternal clinics, and maternal waiting homes.

“Being a Real Woman”: Performances of Femininity in the Imagined Reproductive Futures of Post-Graduate Students

Presented by: Kelsey Marr

Over the past thirty-odd years, developing global trends of delayed primiparity, longterm post-secondary education, and the proliferation of assisted reproductive technologies (ARTs) have been associated with academic and scholarly work. In the summer for 2015, I worked with post-graduate students at the University of Saskatchewan to explore how these trends affect students’ imagined reproductive futures. In this paper, I examine the relationships among delayed motherhood, studenthood, and performances of femininity in the imagined reproductive futures of post-graduate students, fifty percent of whom are international students. Whereas previous studies have focused on the disruption and (re)performance of gender within the context of infertility and ARTs, I examine how in the students’ imagined reproductive futures, it is their careers and education that they highlight as they negotiate gendered identities. I argue that ideals of “good motherhood” and the “superwoman” identity bind the students’ imagined reproductive futures tied to “traditional” norms of femininity. In doing so, femininity is not a state of being, but an assemblage enacted through students’ own

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actions, words, and performances. By examining how post-graduate students at the University of Saskatchewan engage with, and enact, performances of femininity in their imagined reproductive futures, we can begin to unpack their tangled identities as academics, professionals, mothers, and women in relation to reproduction, and open a discussion on the tensions between the cultural and global norms of parenthood and those of student culture.

Snoring and inadequate sleep: re-researching the risk factors of non-communicable disease by gender among Bangladeshi adults

Presented by: Fakir Yunus

Background: Although inadequate sleep duration and snoring are common in all population but mostly ignored. We investigated the association of total sleep time, and presence or absence of snoring with

chronic disease among Bangladeshi adults.

Methods: A total of 12,338 men and women aged ≥ 35 years aged residing in urban and rural areas

were surveyed through 7” android tablets using CommCareHQ – open-source mobile data collection

platform. Total sleep time (TST) was considered as total hours of sleep in 24 hours. Self-reported

snoring was captured and verified with respective sleep partner- spouse in more than 80% cases.

Registered physician-diagnosed current and/or previous cases of hypertension, diabetes, CHD, cancer,

stroke, COPD, and any other chronic conditions were counted.

Results: Around 18% of overall prevalence of at least one chronic disease was found in study population- men (15.4%) and women (20.0%). Hypertension had the highest prevalence (overall-

12.7%, men- 10.2%, women- 15%) followed by diabetes (4.9%), coronary heart diseases (3.2%), stroke

(1.8%), COPD (0.9%) and cancer (any type- 0.1%). We found 12.1% men and 12.4% women slept shorter duration (<7 h) while 13.8% men and 14.5% women slept longer duration (≥ 10 h) than recommended. Alarmingly, half of the study participants (41.4% women and 55.6% men) had snoring.

Inadequate total sleep time (<7 h) and snoring (yes/no) were significant associated with chronic disease

[aRR 1.11: (95% CI-1.00-1.22) and 1.20 (95% CI: 1.11-1.29)] respectively after adjusting socio-demographic, behavioral and lifestyle variables.

Conclusion: Inadequate sleep and snoring are independently associated with chronic disease in Bangladeshi adult population, and perhaps elsewhere.

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Innovative Oral Cholera Vaccination strategies in Lake Chilwa , Malawi.

Presented by: Maurice Mwesawina

Background: Malawi is prone to cholera outbreaks in the districts around Lake Chilwa. To preempt future outbreaks which usually occur from May to November every year, the Ministry of Health planned a preventive mass-vaccination campaign in April 2016. However, while preparations for the campaigns were underway, Malawi began registering cholera cases in Lake Chilwa. 670 cases were reported in this region. In response to the outbreak, the Ministry, with support from partners, conducted a reactive vaccination campaign to control the outbreak.

Methods: The Ministry requested 160,000 OCV doses from the WHO to vaccinate 80,000 people with a two-dose regimen of Shancol[®]. The first round of vaccination was from 16 - 20th February, 2016, and was direct observed therapy (DOT). The second round was conducted from 8 - 10th March 2016. The second dose was administered using three different strategies: DOT for shore communities; self-administration in the floating homes; administration by the head of each community on the islands. All the operational costs were borne by MSF France and AMP.

Results: 80,000 individuals received first dose, and 60,240 of these individuals (75.3% overall) received two doses. The rates of second dose coverage by vaccination strategy were: 83.0% shore, 65.8% floating homes, 88.9% islands.

Conclusion: This report highlights the first large-scale OCV mass campaign conducted in the mobile population of fishermen in Malawi. It demonstrates that several OCV vaccination strategies are feasible and acceptable in such mobile communities.

Neglected Global Diseases Initiative

Presented by: Kishor Wasan

The Neglected Global Diseases Initiative at UBC (NGDI-UBC) brings together expertise and perspectives from a variety of disciplines – including science, business, social policy and law – to provide effective ways to navigate current barriers in producing affordable, life-sustaining medicines for the treatment of the world’s neglected diseases, such as visceral leishmaniasis. This opportunity harnesses existing Canadian research and a well-respected reputation in international aid by providing leadership through education, technical expertise and the ability to bridge the gap between the development of interventions and their delivery to those in need.

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How a Health Care Team in Saskatoon Provides Culturally Competent Care

Presented by: Izn Shahab

Objective: To determine how providers at an inner city clinic provide culturally competent care for their Indigenous patients and to document barriers that their patients encounter. This information will be used to develop a teaching module.

Design: Individual interviews and a focus group

Setting West Side Clinic

Participants: A variety of members of the healthcare team

Key Findings:

Indian Status cards are challenging to receive if the patient has no set address. This impacts the ability of patients to access medical and dental coverage that they are entitled to.

Because of limitations in coverage, impoverished patients often do not receive treatments that are the standard of care and are sometimes not treated according to established guidelines.

Early morning appointments that are made far away from the location where patients live are impossible for many disadvantaged patients to attend. Buses and outreach workers do not operate early in the morning and some patients cannot afford other types of transportation.

The provision of opportunistic care improves patient outcomes. Opportunistic care involves making the time to complete several health related tasks while the patient is at the clinic (if they are unable to come in regularly).

Conclusion: There are several systemic factors that increase disparity. Providing care that adapts to the community it serves, rather than expecting the community to adapt to the healthcare system, allows for improved provision of care

The DUDES club: an exclusive look into indigenous men living in downtown east side

Vancouver

Presented by: Iloradanon Efimoff

Massive health disparities exist between Indigenous and non-Indigenous peoples globally; in Canada, many Indigenous peoples live in terrible conditions, with housing and services on reserves being chronically underfunded, and specifically allotted less funding than the same services off reserve. As if this were not enough, Indigenous peoples also experience intense racism in many avenues of their lives. It is no surprise then, when it comes to health, that many Indigenous peoples do not access health services, due to distrust and experiences of racism. A society that perpetuates gender norms of stoic and strong males, compounded with intense racism towards Indigenous peoples, results in many Indigenous men being completely averse to seeking medical attention. The results are palpable, with Indigenous men living 5-15 years less than their non-Indigenous counterparts, and 5-9 years less than Indigenous women (Statistics Canada, 2015). However, there are initiatives that are making a difference: The DUDES Club is one of them. The DUDES Club is an Indigenous men’s health organization in the Downtown Eastside (DTES) of Vancouver, one of the poorest postal codes in the nation. The Club has garnered interest provincially, nationally, and even internationally, as health practitioners realize that different approaches are necessary to reach different populations. Come to this

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presentation to learn more about The DUDES Club and the benefits of the program for Indigenous men’s health.

Ramifications of colonial infrastructures on initiatives aimed at alleviating differences in health, economics, and gendered violence and discrimination: A Case Study of Indigenous activist movements in India and Canada

Presented by: Swapna Padmanabha

As part of a larger comparative project between India and Canada, I build on the contested premise of ongoing colonialism that continues to impact both countries and put forward the concept that colonially imparted gender divisions continue to be reinforced and ultimately limit the sustainability of current activism. Using a portion of my overall project I focus on two activist movements lead by Indigenous women in Canada and India. The movements (Walking with our Sisters in Canada and Mujhe Jawab Do in India) bring attention to violence committed against Indigenous women. Using the two movements as case studies I examine how ally-ship (inter and intra community) was/is being negotiated. Utilizing first person interviews and previous analyses and data collection, particularly those collected and written by Richa Nagar, I examine how these two projects were created, implemented and continue today. The case study reveals aspects of co-option, institutionalization and internal strife that have threatened or impacted both movements. I demonstrate how colonial infrastructures that embedded gender divisions and cultural erasure create impediments to both internal and external ally-ship in both movements today as well as examining how, the Canadian project has negotiated these legacy problematics. The negotiation of these experiences can, in turn, inform allies on the importance of differences in the lived experiences of Indigenous women globally. These examples can then be stratified to better understand how and why some efforts of both allyship and transnational feminism have failed marginalized groups, particularly those initiatives focussed on health, economic independence and gendered violence and discrimination.

Maternal Health and Dilemmas of Difference

Presented by: Pamela Downe

“We are all mothers” is a phrase that is used throughout global maternal health policy. The universality of maternity produces assumptions of uniformity in maternal experiences. In this paper, I address how these assumptions are challenged by centering diversity within maternal health. I argue that the diversity focus is essential and justified, but it must also include attention to inclusivity as well as unbridgeable difference. I conclude by considering the role that cultural safety initiatives can play in maternal health programming at global and regional levels.

Women have the Right to Education, Period: A Reusable Pad Program in Uganda

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Presented by: Mandeep Kaler and Hilary Aadland

Currently, over 50% of Ugandan girls between the ages of 13-18 are negatively affected by their menstruation. The lack of sanitary materials, menstruation facilities/infrastructure and stigma associated with menstruation impede their ability to complete school. The reusable pad project is a health initiative aimed at improving the quality of life of adolescent Ugandan school girls in a sustainable manner. The initiative was developed in partnership with Kabale’s women empowerment center The Garden of Prosperity to lift females of all ages.

Intersectional Feminism and Critical Approaches to Inequality

Presented by: Nikisha Kharé

Touching briefly on the history of feminism, I will use second- and third-wave feminist theories to explore current gendered health issues and the social structures that maintain and perpetuate gender inequity. We will look at some examples of intersectional feminism in practice, both locally and globally. The goal will be to work together to develop a critical, anti-oppressive lens on inequality and global health issues, from feminist and political-economy perspectives.

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